

**Program Summary  
Department of Health Services  
Emergency Medical Services**

**Program Overview**

The Emergency Medical Services (EMS) Operations Special Line Item funds the operational needs of the Bureau of Emergency Medical Services in the Department of Health Services as well as grants to regional councils.

The funding for operating costs is distributed to the following program areas within EMS:

- **Administration** – Bureau Chief and Business Operation Section staff.
- **Ambulance and Regional Services Section** – Oversees the regulatory process for ambulance services in Arizona. Regulation includes all matters affecting ambulatory services to the public, including: Certificates of Necessity for ambulance service areas, ambulance registration and inspections, ambulance response times, and rates and charges. This section also audits ambulance companies to ensure providers are charging appropriate fees. Funding for Attorney General expenses and the EMS Rule Writer are also included here.
- **Certification, Training and Enforcement Section** – Oversees the certification of all Emergency Medical Technicians (EMTs) and the approval of all EMT training courses. This section also conducts investigations of all complaints by the public concerning certified EMTs and providers.
- **Staff in Tucson and Flagstaff Offices** – Staff at these offices assist in the Certificate of Necessity program and each office also has 1 staff member who is part of the EMS Certification staff.
- **Special Programs** – Includes funding for Regional Liaisons, support staff, and data collection for the documentation and evaluation of pre-hospital EMS delivery performance.
- **Tucson Information Technology Services (ITS) Staff** – EMS's share of ITS staff.

In addition, some monies are also distributed to fund 4 EMS Regional Councils, pursuant to A.R.S. § 36-2208. The regional councils conduct annual needs assessments of local EMS providers within their region, determine where funding is needed, and distribute funds through grants to providers for assistance in purchasing equipment and training.

**Program Funding**

The EMS Operations line's only source of appropriated funding is the EMS Operating Fund. The EMS Operating Fund receives 48.9% of the

Medical Services Enhancement Fund, which in turn receives monies from a 13% surcharge on fines charged for criminal offenses and traffic violations. In FY 2006, EMS Operations is funded at \$2,992,900. *Table 1* displays how this funding was allocated in FY 2006.

**Table 1  
EMS Operations Special Line Item  
FY 2006 Allocations**

	<u>FTE</u>	<u>Allocation</u>
Administration	5.0	\$ 335,500
Ambulance & Regional Services	8.0	489,000
Certification, Training and Enforcement	13.0	808,350
Staff in Tucson	4.0	198,100
Staff in Flagstaff	2.0	148,000
Special Programs	3.0	372,500
Tucson ITS Staff	0.2	6,100
Operations Total	35.2	\$2,357,550
Regional Councils	-	619,200
Risk Management/ERC	-	16,150
<b>Total</b>	<b>35.2</b>	<b>\$2,992,900</b>

FY 2006 funding represents a 1.6% decrease from the FY 2001 level of \$3,040,400. Besides some one-time appropriations for rural ambulances, regional offices and technical adjustments, funding has remained flat since FY 2001. The Bureau also receives some non-appropriated and federal funding (see *Table 2* for funding history).

**Table 2  
EMS Operations Special Line Item  
Funding History**

<u>Fund</u>	<u>FY 2001</u>	<u>FY 2005</u>	<u>FY 2006</u>
EMS Operating	\$3,040,400	\$2,970,000	\$2,992,900
Non-Appropriated	NA	10,300	10,300
Federal	86,600	231,500	196,000
<b>Total</b>	<b>\$3,127,000</b>	<b>\$3,211,800</b>	<b>\$3,199,200</b>

Prior to FY 2000, the Bureau received operating monies from 4 different Special Line Items: EMS Operations, EMS Special Projects, EMS Regional Coordinating System, and EMS Provider Grants. All were consolidated into the EMS Operations Special Line Item in FY 2000. The reason for this consolidation was to provide a larger, more flexible pool of resources for the Bureau of EMS. This consolidation as recommended in a September 1996 report issued by the EMS Statewide Task Force.

The EMS Operating fund is allocated to many different programs within DHS. *Table 3* displays the distribution of the EMS Operating Fund in FY 2006.

<b>Table 3</b>	
<b>EMS Operating Fund FY 2006 Distribution</b>	
<b><u>Recipient</u></b>	<b><u>FY 2006</u></b>
Administration Operating Budget	199,500
Administration AG Legal Services SLI	50,000
Public Health Operating Budget	804,400
Medical Loan Repayment SLI	150,000
EMS Operations SLI	2,992,900
Trauma Advisory Board	369,100
High Risk Perinatal Services SLI	450,000
<b>Total</b>	<b>\$5,015,900</b>

A notable change took place in the EMS Operating Fund for FY 2006. A fund shift was implemented which included a decrease of \$(779,200) from the General Fund and a corresponding increase of \$779,200 from the EMS Operating Fund for the Public Health operating budget.

The EMS Operating Fund has had consistent fund surpluses (see *Table 4*) and FY 2006 appropriations represent approximately two-thirds of the estimated available monies in the fund. However, current fund receipts are estimated to be \$4.6 million and the FY 2006 appropriated amount is \$5 million, almost a \$500,000 difference. If fund shifting of the same amount continues, the shift can be supported for approximately 7 years, assuming that the fund receipts and disbursements remain constant.

<b>Table 4</b>			
<b>EMS Operating Fund Surplus</b>			
	<b><u>FY 2003</u></b>	<b><u>FY 2004</u></b>	<b><u>FY 2005 Estimate</u></b>
Funds			
Expended	\$3,216,600	\$2,927,600	\$4,151,800
Year-End			
Balance	\$1,110,300	\$2,779,300	\$2,488,500

### **Recent Programmatic Changes**

At one time, some monies were used to purchase ambulances for rural communities. DHS eliminated this practice and found that providing funds for EMS training and basic ambulance equipment was a more efficient way to use funds than was purchasing the complete vehicles. The monies are still being utilized and are distributed to rural communities through the regional offices to distribute in the form of grants.

### **Performance Measures**

Emergency Medical Services only includes 2 performance measures in the 2005 Master List (see *Table 5*), neither of which are included in the General Appropriation Act. The 2 measures are useful for the goal which they measure; to reduce the number of ambulances that have 3 or more deficiencies on each mechanical and medical equipment inspection. The first measure is a simple output measure and is limited in assessing the effectiveness of the program. However, the second measure is an outcome measure that directly shows how well the program addresses its goal.

A performance measure that DHS could implement is the number of EMTs trained in rural areas. Most emergency services in rural areas are provided by volunteers, so there is a need to have effective training for EMTs in those areas. Having a performance measure that assessed the number of EMTs per resident and making comparisons to communities of similar demographics could contribute to more effective delivery of emergency medical services by displaying where the need for additional money for EMT training needs to be disbursed.

An additional performance measure that would provide useful information is the average number of calendar days to resolve a complaint. This outcome measure would provide insight into how well the Bureau of EMS performs in addressing complaints regarding EMTs and providers.

<b>Table 5</b>			
<b>Emergency Medical Services Performance Measures</b>			
<b><u>Performance Measure</u></b>	<b><u>FY 2004 Actual</u></b>	<b><u>FY 2005 Actual</u></b>	<b><u>FY 2006 Estimate</u></b>
Number of ambulance inspections	700	839	840
Number of ambulances with 3 or more deficiencies	117	115	111